Effective October 1, 2000												
			SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY						
TOTAL CLAIMS			L				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20=		. 9			X\$.9=	-	OR	X\$18=	
IND	EPENDENT CL	AIMS	/L minus 3 =		•			X40=.		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							1	+135=		OR	+270=	
• If	the difference	in column 1 is	ro, enter "0" in column 2			L	TOTAL .	355	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	e	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. /9	Minus	- 2	S	= /] . [X\$ 9=		OR	X\$18=	•
	Independent	· ()	Minus	es (CLAIM	= /		X40=		OR	X80 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL			TOTAL ADDIT, FEE	
	3/6>	(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. PEEI	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	REST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·AQ	Minus	* 6	26] [X\$ 9=		ОЯ	X\$18=	
	Independent	• \$3	Minus	•••	3	<u> -</u>]	X40=	· ·	OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM		┚╏	+135=		OR	+270=		
•						•	Ł	TOTAL		0	TOTAL	
(Column 1) (Column 2) (Column 3)								NODIT. FEE I		J O	ADDIT. FEE	
5		CLAIMS REMAINING		· HIGH	IEST		ìr	-	ADDI-			ADDI-
AMENDMENT C		AFTER AMENDMENT			OUSLY FÓR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**	• • •	=	1	X\$ 9=	FEE	OR	X\$18=	, FEE
	Independent	•	Minus	989		=	1 F	X40=				
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X80=	· · ·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
"If the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOR												
	The "Highest Num	imber Previously Pa nber Previously Pa	and For IN THI id For (Total o	S SPACE rindenend	is less the lent) is the	m 3, enter "3." highest numb		_	orogriate box	ı in co		

Application or Docket Number